

Person Filing: (1) _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
ATLAS Number: _____
Lawyer's Bar Number: _____

For Clerk's Use Only

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY⁽²⁾

PARENT'S WORKSHEET FOR CHILD SUPPORT

(3) Petitioner: _____ (4) Case No. _____

(3) Respondent: _____ (4) ATLAS: _____

(5) Total Number of Children: _____

(6) Parent with Primary Physical Custody:

Father ☐ Mother ☐

(7) Parent who is filing this form: Father ☐ Mother ☐

(8) Gross Income figures for the OTHER PARENT are:

☐ **ACTUAL**, with proof, such as a recent W2 or pay stub attached, or other party's signed statement.

☐ **ESTIMATED**, based on facts or knowledge of pay before promotion or of others in similar job.

☐ **ATTRIBUTED**, based on what other party could and should be earning (see Guidelines 5e).

	<u>FATHER</u>	<u>MOTHER</u>
Gross Income (Pre-Tax Income. Before deductions.)	\$ _____ (9)	\$ _____
Spousal Maintenance Paid	\$ - (10)	\$ -
Spousal Maintenance Received	\$ + (11)	\$ +
Child Support Paid/Contributed	\$ - (12)	\$ -
Other Support of Children Paid	\$ - (13)	\$ -
Adjusted Gross Income	\$ _____ (14)	\$ _____
Combined Adjusted Gross Income	(15) \$ _____	
Basic Child Support Obligation	(16) \$ _____	
Plus Costs for:		
Medical/Dental/Vision Insurance	\$ _____ (17)	\$ _____
Childcare	\$ _____ (18)	\$ _____
Education Expenses	\$ _____ (19)	\$ _____
Extraordinary/Special Needs Child Expenses	\$ _____ (20)	\$ _____
No. of Children Age 12 or Over _____ Adjustment _____ %	(21) \$ _____	
Total Adjustments for Costs	(22) \$ _____	
Total Child Support Obligation	\$ _____ (23)	\$ _____

Case No. _____

	FATHER		MOTHER
Each Parent's % of Combined Income	_____ %	(24)	_____ %
Each Parent's Share of Tot. Support Obligation	\$ _____	(25)	\$ _____
Adjustment for Non Custodial Parent's Costs Associated with Parenting Time			
Using Table A <input type="checkbox"/> Table B <input type="checkbox"/>	\$ _____	(26)	\$ _____
No. of Days _____ = _____% Adjustment (from table)			
x Line (16) \$ _____ (Basic Child Support Obligation)	\$ _____	(27)	\$ _____
Less Noncustodial Parent's Costs for:			
Medical/Dental/Vision Insurance*	\$ _____	(28)	\$ _____
Childcare*	\$ _____	(29)	\$ _____
Education Expenses*	\$ _____	(30)	\$ _____
Extraordinary/Special Needs Child Expenses*	\$ _____	(31)	\$ _____
*Subtract here <u>ONLY</u> if ADDED-IN items 17-20 above			
Adjustments Subtotal	\$ _____	(32)	\$ _____
Preliminary Child Support Amount	\$ _____	(33)	\$ _____
Self Support Reserve Test for Parent Who Will Pay			
Amount from Line (14) _____ (Adj. Gross Inc.)			
Minus Reserve Amount - \$903.00			
Total	= \$ _____	(34)	\$ _____
Child Support to be Paid by: Father <input type="checkbox"/> Mother <input type="checkbox"/>	\$ 	(35)	\$
Share of Travel Expenses Related to Parenting Time*	_____ %	(36)	_____ %
*Only for expenses related to travel over 100 miles, one way.			
Share of Medical/Dental/Vision Costs Not Paid by Insurance	_____ %	(37)	_____ %

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: _____
Date

Signature of Parent